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NO. 5100 P. 1

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PABST PATENT GROUP



Pabst Patent Group LLP  
400 Colony Square, Suite  
1200  
1201 Peachtree Street  
Atlanta, GA 30361  
Telephone (404) 879-2150  
Telefax (404) 879-2160  
[information@pabstpatent.com](mailto:information@pabstpatent.com)  
[www.pabstpatent.com](http://www.pabstpatent.com)

## TELEFAX

Date: August 8, 2005

Total pages: 9 (w/fax cover)

To: USPTO

Telephone:

Telefax: 571-273-8300

From: Patrea Pabst

Telephone: 404-879-2151

Telefax: 404-879-2160

Our Docket No. CMCC 512 DIV

Client/Matter No. 078856-00066

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## MESSAGE:

### IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Samy Ashkar

Serial No: 10/743,892

Art Unit: 1645

Filed: December 22, 2003

Examiner: David Lukton

For: *NOVEL OSTEOPONTIN DERIVED CHEMOTACTIC PEPTIDES  
AND METHODS OF USE*

#### Attachments:

Transmittal Form PTO/SB/21; Fee Transmittal PTO/SB/17; Amendment and Response to Office Action

CMCC 512 DIV  
078856/66

PTO/SB/21 (09-04)

Approved for use through 07/31/2006. OMB 0651-0031  
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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**TRANSMITTAL  
FORM**

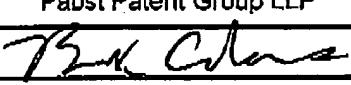
(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number	10/743,892
Filing Date	December 22, 2003
First Named Inventor	Samy Ashkar
Art Unit	1645
Examiner Name	David Lukton
Attorney Docket Number	CMCC 512 DIV

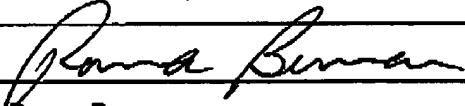
<b>ENCLOSURES</b> <i>(Check all that apply)</i>		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached  <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)  <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address  <input type="checkbox"/> Terminal Disclaimer  <input type="checkbox"/> Request for Refund  <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm Name	Pabst Patent Group LLP		
Signature			
Printed name	Brian K. Adams		
Date	August 8, 2005	Reg. No.	56,288

**CERTIFICATE OF TRANSMISSION/MAILING**

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature			
Typed or printed name	Ronna Berman	Date	August 8, 2005

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/17 (12-04)

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Effective on 12/08/2004,

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

# FEE TRANSMITTAL For FY 2005

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 0.00)

### Complete if Known

Application Number	10/743,892
Filing Date	December 22, 2003
First Named Inventor	Samy Ashkar
Examiner Name	David Lukton
Art Unit	1645
Attorney Docket No.	CMCC 512 DIV

### METHOD OF PAYMENT (check all that apply)

Check  Credit Card  Money Order  None  Other (please identify):

Deposit Account Deposit Account Number: 50-3129 Deposit Account Name: Pabst Patent Group LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below  Charge fee(s) indicated below, except for the filing fee

Charge any additional fee(s) or underpayments of fee(s)  Credit any overpayments under 37 CFR 1.16 and 1.17

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

### FEE CALCULATION

#### 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES	
	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)
Utility	300	150	500	250	200	100
Design	200	100	100	50	130	65
Plant	200	100	300	150	160	80
Reissue	300	150	500	250	600	300
Provisional	200	100	0	0	0	0

#### 2. EXCESS CLAIM FEES

##### Fee Description

Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent 50 25

Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent 200 100

Multiple dependent claims 360 180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Small Entity	Fee (\$)	Fee (\$)
8 - 20 or HP = 0	0 x	=		Fee (\$)	Fee Paid (\$)		

HP = highest number of total claims paid for, if greater than 20

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Fee (\$)	Fee Paid (\$)
5 - 5 or HP = 0	0 x	=			

HP = highest number of independent claims paid for, if greater than 3

#### 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	(round up to a whole number) x		

#### 4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other:

SUBMITTED BY		Registration No. (Attorney/Agent) 56,288	Telephone (404) 879-2151
Name (Print/Type)	Brian K. Adams	Date August 8, 2005	

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant: Samy Ashkar

Serial No.: 10/743,892

Art Unit: 1645

Filed: December 22, 2003

Examiner: David Lukton

For: *NOVEL OSTEOPONTIN DERIVED CHEMOTACTIC PEPTIDES  
AND METHODS OF USE*

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**Amendment and Response to Office Action**

Sir:

Responsive to the Office Action mailed May 6, 2005, please amend the application as follows.

It is believed that no fee is required with this submission. However, should a fee be required, the Commissioner is hereby authorized to charge any fees to Deposit Account No. 50-3129.

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078856/00066